

Can you let your dog into the room? Clinical zooanthropology and Gestalt Animal Assisted Psychotherapy

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Abstract: This article studies the system of interchange between human and animal and develops a clinical approach to it. Through two clinical vignettes, the article illustrates how the system of mediation between humans and animals is characterised and how it provides the basis for therapeutic contact. Each vignette reveals the therapeutic value of animals, and in particular dogs. The concluding remarks primarily involve ethical considerations concerning assisted therapy with animals and then clinical implications.

Key words: zooanthropology, Gestalt Animal Assisted Psychotherapy, human–animal relationship.

‘I want to tell you something: Carlomio is not a dog. He is not a dog that protects the sheep, as you say. For me he is a great therapist – the greatest Dr. Freud!’ (Client)

Introduction

This article aims to outline a clinical approach to the system of mediation between humans and animals, and to identify a process of interchange between them. The human–animal mediation system is characterised by a process of exchange, based on the value of a ‘between’ that allows for therapeutic contact. The therapeutic value of the relationship with animals can unveil itself within a framework where the connection between the organism and its own sociocultural, animal and objective (physical) environment is highlighted (Perls, Hefnerline and Goodman, 1951). For example, a dog can be a ‘transitional object’ that generates security, alleviating our fears of separation and situations of loneliness; he can strengthen our sense of reality, helping us to experience the outside world as it is and make us feel part of our environment, with a clear awareness of the boundaries of our ego. Experiencing this relationship also opens a door to the emotional world, allowing us to listen to our emotional experiences as well as others’ needs (Latner, 1992).

The article starts with a clinical vignette. Following this example, the assumptions used by a clinical zooanthropology perspective are explored. This is a discipline that studies the interaction between humans and animals, giving value to the relational dimension and avoiding humancentric applications. This is then integrated with Gestalt Animal Assisted Psychotherapy

(GAAP), by a preliminary approach focused on the ‘halfway point’ of each animal–human encounter, trying to detect their significant clinical implications. A further clinical vignette is then reported.¹ Each vignette reveals the therapeutic value of animals, and in particular dogs. I have chosen to report on the special presence of Fey during clinical sessions with my clients. Fey is a Rottweiler and since she was two-months-old has been part of my emotional and professional life. During sessions, Fey decides either to remain in another room or join me in the therapy room, as in the situations reported below.

Can you let your dog into the room?

On the request of her family, Lucy arrives at my therapy room when she is sixteen-years-old. Before going to sleep, she must suck her thumb, which she sucks all night long. Simultaneously, she starts pulling and ripping her hair out. After a few weeks of therapy, a phobia towards bird feathers (pigeons, in particular) emerges. But our sessions continue with long moments of silence and sudden interruptions, as Lucy asks to finish the session early or to postpone the appointments week by week because of her homework. For a couple of months, this is the nature of our meetings, until the day when Lucy and Fey unintentionally glimpse each other at the glass door to my therapy room. For the first time, Lucy turns to me with a request: ‘Please, can you let your dog into the room?’ From that unexpected but pleasing relational encounter, the setting begins to enable a therapeutic process and a unique and effective co-therapy.

First of all, Fey's nature pushes her to ask constantly for bodily contact. Rottweilers, as a Molossoid family dog breed, are in fact mostly big and powerful and have a strong character and attachment to their owners. They are distinguished by their need for close physical contact with their owner, conceived as a life partner. So, by placing her paw on Lucy's foot or her muzzle on Lucy's legs, these behaviours activate a context of 'co-creation' through gradual and reciprocal body contact, helping to unlock Lucy's spontaneity and intentionality of contact.

From a psychodynamic perspective, Fey helps Lucy – session by session – to explain her emotional and bodily experiences. First, her sadness emerges, though her tears are quickly dried by Fey's tongue. Second, her anger surfaces: this is channelled into a manipulative energy towards the environment and through repeated 'pull and release' play activities with Lucy's sleeve. In particular, the sleeve game is a recreational activity that increases a dog's predatory instinct. Through this, a game of 'tug of war' begins that, as a moment of relaxation and de-stressing, allows the dog and the owner to strengthen their understanding. Gradually, stimulated by Fey's precise and 'exact' retrievals with her paw, Lucy gives way to presence and warmth, to spontaneity and lightness.

As the only mediator, I feel like an observer in the fast lane. At the same time, I also begin to create an active setting of co-therapy, which has already been initiated by my partner, Fey. The therapeutic process unfolds and allows the unsaid to become said, making explicit the meaning of Lucy's relational experiences with an inadequate caregiver in her environment. In the embodied² dimension, this meeting of bodies makes a place in which relational identity can live and work with awareness.

From a methodological point of view, to bring the phobic object to the client (in fantasy) means to make her aware of her bodily experience and the relationships that the object itself evokes. Similarly, when I ask Lucy to imagine herself in the presence of her phobic object (the pigeons, with their feathers) and choose someone in her current life that can give her support, she does not hesitate to call Fey and to use the 'magic wand'! Lucy calls Fey over and begins to let herself go, experiencing the feeling of warmth going in and out of her body. Gradually, she restores basic trust through a secure encounter; first with Fey, then in a triad, where Lucy is the third element that activates a co-parenting couple (or co-therapy, formed by Fey and me). In other words, the movement toward the phobic object allows the client's body – supported by the body and the relationship of the therapist – to empower itself and be able to contain the excitement and energy that it avoids. In particular, this metaphor is very useful with adolescents. Confronting the phobic object with a 'magic

wand', as a metaphor for strength and power, the body experiences this 'magical power' and overcomes its difficulty (Salonia, 2011).

The GT perspective regarding animal phobias (such as single-object phobias) asks the person to identify herself with the animal of which they are afraid, and to demonstrate typical movements of the animal. Often, just in the phobic item description, the client expresses the experiences of which they are afraid: 'the phobia is the phobia of what I do, and what I do not express' (Salonia, 2011, p. 47). Actually, Lucy is not afraid of pigeons, but of the sensations caused by the flapping of their wings and the rubbing of their feathers against her (described as 'irritating and disgusting'). Accordingly, Lucy begins to move her arms, imitating the flapping of the wings in a flight that leaves her breathless and unlocks her unfinished emotions. The dysfunctional thoughts, originating from an interruption of a respiratory process in her relational-bodily sense, now become free of fear. This evokes a memory of fear that has never been contained by her primary environment, although sucking her thumb before falling asleep was an attempt to contain it, and that has turned into anguish.

Perls said obsessive thoughts are just a 'dummy that allows the discharge of a certain dose of anger, but does not produce any change in the child or nourishment' (Perls, 1942/1995, pp. 146–147). Precisely, through these dysfunctional and painful thoughts and ways, Lucy could take care of herself with a form of attachment (to herself) that avoids the risk of a change in relationships, stopping the fear of separation, but with a strong control of anger (experienced as an emotional energy that terrifies). The absence or, rather, the interruption of care by her parental figures seems to have generated a difficulty in her emotional spontaneity: after receiving primary care, Lucy was, in fact, 'set aside' by her sister's birth, which occurred when she was three-years-old. After this session, she needs specific support in letting go of her emotional flow.

As Salonia affirms, 'the lack of support, if unresolved, gives way to an anguish of death (his own death, but also the death of dear and important figures), that overwhelms' (Salonia, 2011, p. 36). Lucy's fear is separation and experiencing her own emotions with the risk of being put aside once again. The relational bodily experience that Lucy keeps secret is terror: terror in feeling the energy activated in her body or the action that leads to emotion, to separating and trespassing. So, supporting a fearful body (to re-open the possibility of spontaneous breathing toward the fulfilment of the intentionality of contact) was the first co-therapeutic step. Through bodywork, a path of awareness and the ability to identify a clear intention have been enabled.

The act of pulling hair, like a compulsion of containment, seems to reveal the intensification of the fear of

not knowing how to control an intention. In this sense, the compulsive action hangs on spontaneity and has the ability to increase control over those emotions perceived as destructive. When I ask Lucy to repeat the gesture of pulling her hair, which is automatically activated when she puts her thumb in her mouth, her muscular tension and her fearful look that seeks comfort give way to a moan that Fey is instantly alerted to and understands, placing her muzzle on Lucy's mouth to remove her hand from her head (and hair). Sitting behind her, Fey also begins to lick her tears, which are slowly rolling down Lucy's face and tries to calm her. After a long embrace (now in the triad), Lucy's body finally finds energy, beginning to trust the environment experienced in that session and no longer trying to keep it under control. Her body, before it almost became smaller, now opens up to the new: a new body that 'lets go' when touching a live body.

According to the GT perspective (Salonia, 2008), it is important to distinguish between the 'seen' body and the 'lived' one. The first is part of the assessment criteria by which the body is based on what you see (for example: I do not like my hand because it is big!) or based just on its functionality (for example: I imagine dancing as a function of movement). Instead, a 'lived' body refers to a purely phenomenological element in which the concept of beauty is linked to the way we perceive our own body (for example: my hand feels soft; if I perceive my hand like this, I can see it and I know how it moves).

Clinical zooanthropology and Gestalt Animal Assisted Psychotherapy (GAAP): clinical implications

Zooanthropology studies those

factors that guide humans in their interaction with other species and, in particular, their impulses towards animal otherness, plans and meanings of the interspecific relationship, as well as communicative dimensions that are created in this relationship, the objective training and the psychological balance of human consequences. (Marchesini, 2005, p. 69)

Its objective is, therefore, to make our relationship with animal otherness more understandable without fears, prejudices, incorrect projections, inadequate expectations or delusions and, consequently, to improve it. This relationship is also configured by the prospect of the affiliative process between humans and the animal companion (pet), where the pet is affiliated with the family group, the affective sphere and with a relational model of investment between the pet owner and the pet itself. Pet-Ownership (PO), a relationship that goes beyond the concept of an animal conceived as an

object or a possessed good and who, instead, favours protection, responsibility and care, and who joins the sphere of the self and of emotional intimacy, is of particular interest. The PO relationship is characterised by intimacy and continuity of relationship, in which the owner is not limited to using the pet, but is concerned with building a meaningful relationship.

It is important to underline how zooanthropology aims to avoid the manipulation and the anthropomorphism of the animal, which is considered a subject and not an object. The attribution of otherness implies a dialogical role for the relationship, whose objectives are to promote the encounter and relational affiliation through an empowerment of the animal's social tendencies and skills, and to create a couple or an affiliation group (pet-ownership), as well as to place the animal in the best conditions possible so that it can relate to the human environment and can integrate with the human partner, whilst encouraging human trends and the ability to interact and integrate with the pet. The animal, no longer reified or anthropomorphised, is conceived as a partner whose value lies in the potential of its difference.

Considering the background of developmental models, the importance of this partnership can also arise in the propensity of all mammals to live in social relationships and how they distinguish between friends and strangers. The features of similarity between the dog-owner relationship and the child and his or her attachment figure lead us to studies of the social attachment relationship. Wilson's (1998), and more recently, Grandin and Johnson's (2005) and Grandgeorge et al.'s (2012) studies show an attachment relationship between dog and owner, meant as a lasting emotional bond between the animal, which needs to be cared for and protected, and the human who has a caregiver function.

According to these comparative studies, a range of behaviours, such as the search for closeness and contact in the absence of the owner (expressed by following, scratching, jumping at the door, being oriented towards the door or to the empty chair he was sitting on with the owner) would identify, in fact, a strong similarity between the child-caregiver and dog-owner attachment relationships. For example, dogs placed in a standardised situation explore the strange environment confidently when their owner remains with them and then stop the exploration when he is away, until he comes back, which is the same as when children are placed in the same situation. To analyse the behaviour of dogs, the Strange Situation Procedure is used (Ainsworth et al., 1978), which is adapted to dog-owner couples, and the so-called 'Animal Strange Situation Test'.

Strong links between clinical zooanthropology and

GAAP can be traced as well. As Lac and Walton (2012) affirm, GAAP embodies the principles of Gestalt therapy in its background. It is oriented towards a co-creation perspective that enhances the relational dimension between the client, the therapist, and the animal, where the animal assistant activates the possibility of an insight with respect to the quality and nature of the contact at that present moment, and

the process of relating to a companion animal brings about the ‘natural integration of mind and body, thought and feeling, spontaneity and deliberateness of organismic self-regulation’, thus deepening the client’s awareness of their contact styles, choices, and responsibilities within the context of a relationship. (Yontef, 1993, p. 13)

In other words, the nonverbal and body process, activated by the animals within the experience of GAAP, can bring out intimate and genuine moments of contact. The key GT concept of the here and now, as well as the principles of phenomenology and theory of the field, are brought to the surface and acted out in the therapeutic setting where there are pets.

Starting from GT methodology, the phenomenological approach allows a detailed description of what emerges in the field through the activation of all the sensory channels of the therapist, who abstains from interpreting the experience that takes place with their client (and every spontaneous response of their animal assistant), allowing them to give a meaning to their interactions with the animal (Latner, 1992). It therefore becomes possible to understand how animals are able to provide immediate feedback to both client and therapist, regarding their authentic answers to here-and-now interactions. This allows for a relational clarity that would not otherwise be available. The creativity that animals carry in the therapeutic encounter enables the session to become a ‘series of small experiential situations that are organically intertwined, in which each event carries out a particular function for the client, and contains a potential surprise, a totally unexpected discovery by client and therapist both’ (Zinker, 1978, p. 127).

You will not harm me anymore!

Introducing a pet within the setting and therapeutic process is an experiment in itself. The animal may, in fact, provide new and unexpected paths which, if not explored by the therapist and client, may not be evident, as shown in the following vignette. Amelia is thirty-two-years-old. She has been affected by hydrocephalus and epilepsy since birth, as well as a schizophrenic syndrome with paranoid delirium, also associated with an eating disorder (anorexia). Her family has always ignored

these disorders and never quite considered them as mental disorders. Fey is always present in the room. Amelia, in fact, requires her presence, while Fey remains on the floor under her chair, ready to intervene with a lick or simply by lifting her head to be stroked during moments of distress. Animals are, in fact, excellent ‘role models’, especially able continually to be in tune with our breath, energy and movements. They are able to perceive our true state of mind and to smell if we are frightened, angry or happy, as Fey was with Amelia.

In a particularly intense period, after her father had died a few months earlier, and because of Amelia’s deterioration (more delirium and stronger food denial), I had chosen to invite her remaining family to the session; she arrived in the therapy room alone. Actually, her mother sat in the waiting room; her two other sisters decided not to come and her brother said he would arrive a bit later. When the brother arrived, violently knocking at the door, Fey (who is trained to defend me) barked and assumed her defence–attack position (she usually sits between me and the alleged danger, barking and growling and it is often necessary to hold her by the collar). This time she barked and went back and forth from the door to Amelia. She repeated this movement several times and very quickly. Whilst I was opening the door, Amelia held Fey by the collar. Amelia’s brother asked to talk to me but without his sister and, as it was a family therapy session, I reminded him to go through and have a seat with Amelia and me. But Fey did not allow him to enter completely. It was in this situation that Amelia, who remained still beside Fey, found the strength and courage (absent for many years) to get her brother out of the room. And she screamed at him not to beat her again when she went home because she would have Fey with her and she would report him for abuse and domestic violence.

The therapeutic process allows the unsaid to become said. The absence of care by her parental figures seems to have generated a deep need to be supported in letting go of her emotional flow. The negation of her disorder since she was a child seems to have generated the negation of an identity as a human being. Within a context of ‘co-creation’ through gradual and reciprocal body contact and by manipulation and exploration activities, a path of awareness and the ability to identify a clear intention have been enabled between Fey and Amelia during the sessions. In this setting, Fey supports Amelia’s spirit. In this way, GAAP considers every moment of contact between pet and client as an experiment, in which both can co-create a relationship.

Moreover, the GT concept of the here and now as well as its theoretical framework based on the principles of phenomenology and the theory of the field are, in other words, brought to the surface and acted out in the

therapeutic setting where there are pets. The nonverbal and body process, activated by the animals within the experience of GAAP, can bring out, in fact, genuine moments of contact. The embodied communication within client–animal–therapist encounters activates important changes, as Amelia could co-create moments of intimacy and a new secure base.

Hycner and Jacobs (1995) affirm that animals instinctively operate from a relational and authentic position, which allows for a therapeutic encounter through an attitude of inclusion, presence, and commitment to the relationship and also confirms the experience of the client. This allows, not least, the occurrence of full contact. In this context, full contact can be seen as a nonverbal, co-created process of unity and closeness between the person and the animal (King, 2010). During that session I learnt the horrible family secret: Amelia punched and slapped repeatedly by her older brother, who uses these remedies to calm her fears and delirium. After that session, supported by Fey and me, Amelia asked to go into foster care, hoping to move quickly in order finally to find some peace.

Concluding remarks

The concluding remarks for this article primarily involve the ethical considerations concerning assisted therapy with animals. Ethical considerations that concern the protection and welfare of animals – their well-being, both mentally and physically – are an essential element of the therapeutic process of GAAP. The impact of therapeutic work on animals should never be underestimated. To avoid potential injury and to dispose of the effects of the session, it is important to let the animal assistant rest between one session and the next (for example, by going for a long walk) and not to extend the time of the meetings. Second, the reconsideration of the partnership with the animal becomes the focal point of the zooanthropological research, starting with the animal and escaping from the dangerous object–person dichotomy and from the trap of ‘zooanthropomorphisation’ (Marchesini, 2005).

This model means assessing the risks of including pets and selecting them based on the needs and expectations of clients. Its application, therefore, presupposes that the therapist has the skills to work with animals, knowing how to recognise their behavioural characteristics, temperament, level of training, and physical strength as well as their ability to tolerate even those humans who have no experience with them (GEIR, 2011). As Bond (1993) points out, it is fundamental to recognise the therapeutic value of each intervention. And having GAAP mainly as a bodily approach, it is also important to be clear about our own bodily process, as well as the client’s (Kepner, 1987).

People are not always able to stay emotionally involved with animals, tending to rationalise the emotional aspects or remaining closed in their instinctual life or showing difficulty when entering into a relationship with animals (Walsh, 2011). But, as claimed by McCormick and McCormick (1997, p. 23), the important path is that ‘we must base our interactions agreeing with honesty, mutual respect and compassion. If we do not, animals will notice it and will respond accordingly.’

Notes

1. These two clinical vignettes are reported in Merenda (2014).
2. Regarding inter-corporeality in Gestalt therapy, see Salonia (2013, 2010); Merleau-Ponty (1979).

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